

Correctional Health Services Transition Update



Submitted by:
Department of Health and Human Services
Utah Department of Corrections

July 21, 2023

The Honorable Spencer J. Cox,

Over the past seven months, the dedicated individuals of the Utah Department of Corrections (“UDC”) and the Utah Department of Health and Human Services (“DHHS”) have been actively working to transition the healthcare services for incarcerated individuals from UDC to DHHS. Those services were provided by the UDC Clinical Services Bureau (“CSB”) until July 1, 2023, when CSB transitioned its operations to DHHS and was renamed the Division of Correctional Health Services (“CHS”). The following report highlights our process, stakeholder and staff engagement, timeline, and logistical considerations to bring about the transition smoothly and without any disruption of services.

The efforts relating to this transition have been extensive. They have required countless hours of planning, learning, organizing, and engaging with staff, stakeholders, partners, the public, and incarcerated individuals. We believe strongly this shift of CSB to DHHS will enable us to deliver whole person, data driven care, which will improve health and safety outcomes while individuals are incarcerated and as they transition to their communities.

We are grateful to you, Lieutenant Governor Henderson, the Legislature, staff, and all others who contributed to these initial solutions. Your commitment to second chances and a willingness to be recklessly good while attempting to shift systems and redefine how we deliver services will improve the lives of all Utahns.

Sincerely,



Tracy Gruber
Executive Director
Utah Department of Health and Human Services



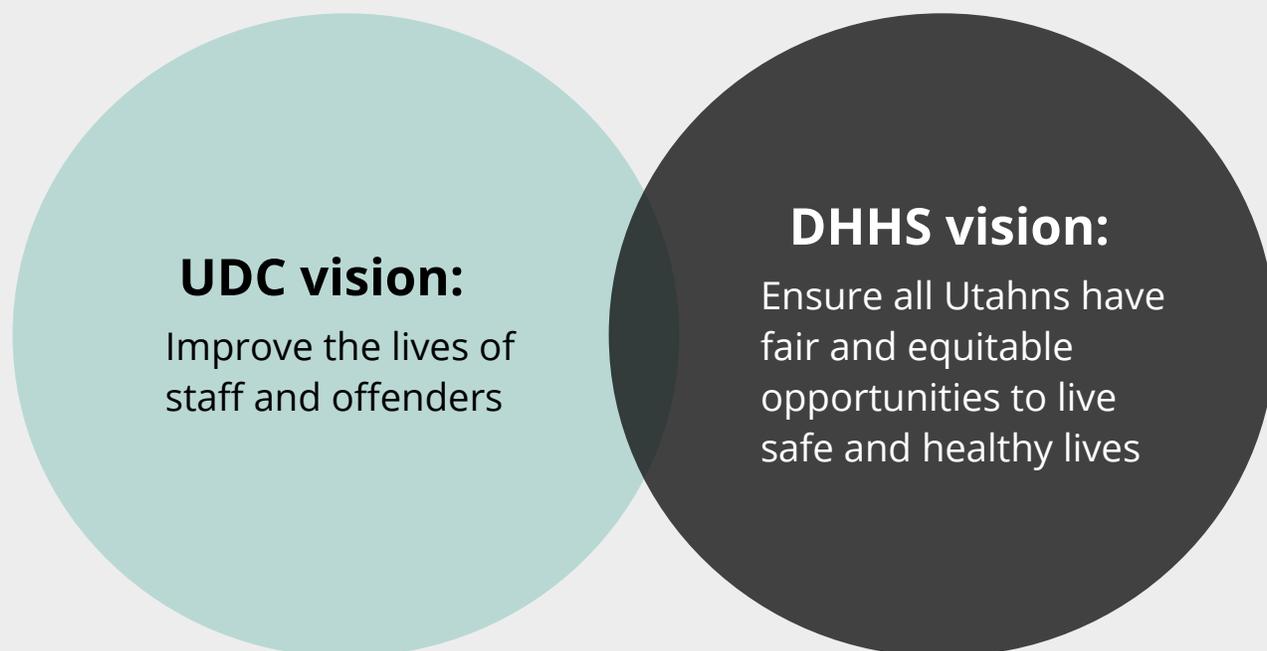
Brian Redd
Executive Director
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Executive summary

In the summer of 2022, the Utah Department of Corrections implemented a new electronic medical record system. During this implementation, there were unforeseen system-wide challenges. At the Governor's request, the Utah Department of Health and Human Services provided additional assistance from its medical staff, as well as on the ground support. During this work, DHHS demonstrated clinical knowledge and expertise that could be leveraged to improve the care, conditions, and safety within Utah's state correctional facilities. While working jointly on this project, the departments began to realize the alignment of their vision:



In an effort to provide the highest quality and most efficient services to Utahns, executive branch agencies with appropriate expertise and most aligned with needs should be serving the public. In this instance, Governor Cox recognizes that DHHS includes healthcare and clinical expertise that should be leveraged to improve standards of care for individuals who are incarcerated. Ensuring healthcare experts oversee this healthcare delivery system will drive best outcomes and improve the health and safety of staff and offenders. As a result, the decision was made to transition the Clinical Service Bureau within UDC to DHHS.

- In December 2022, Governor Cox released his budget which outlined this transfer and recommended significant investment into clinical services at UDC.
- In the 2023 General Session, the Utah Legislature established the "Correctional Institution Clinical Services Transition Account" to ensure a seamless transition of services from UDC to DHHS.
- This transition officially began July 1, 2023, and DHHS and UDC will fully collaborate to successfully complete it by July 1, 2024.
- Upon initiating this transition, CSB was renamed the Division of Correctional Health Services and positioned in the Clinical Services section under the direction of the DHHS executive medical director.

After the decision to transfer the operations of CHS to DHHS, a senior advisor was assigned to oversee the transition and a transition steering committee was established. This steering committee, which includes staff from both UDC and DHHS, identified the shared opportunity this transfer presents, as well as establishing a clear mission and vision:

Opportunity

Increase levels of care, strengthen standard processes, and develop a more seamless system of services.

Mission

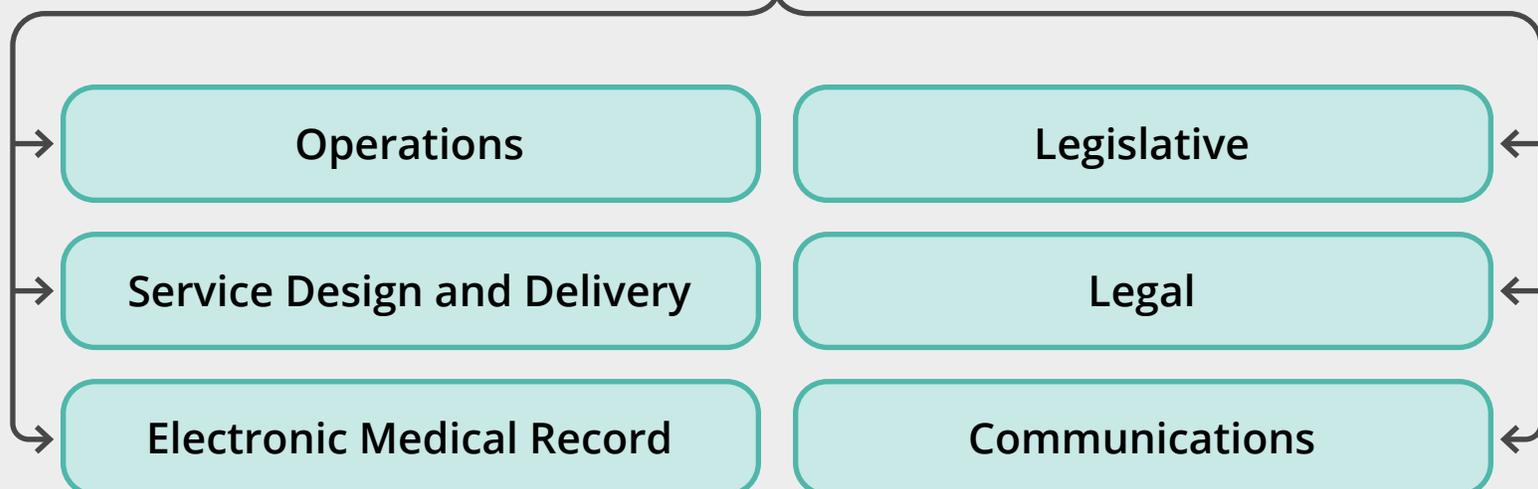
Improve the lives of staff and individuals who are incarcerated and promote public safety by delivering safe and effective integrated healthcare.

Vision

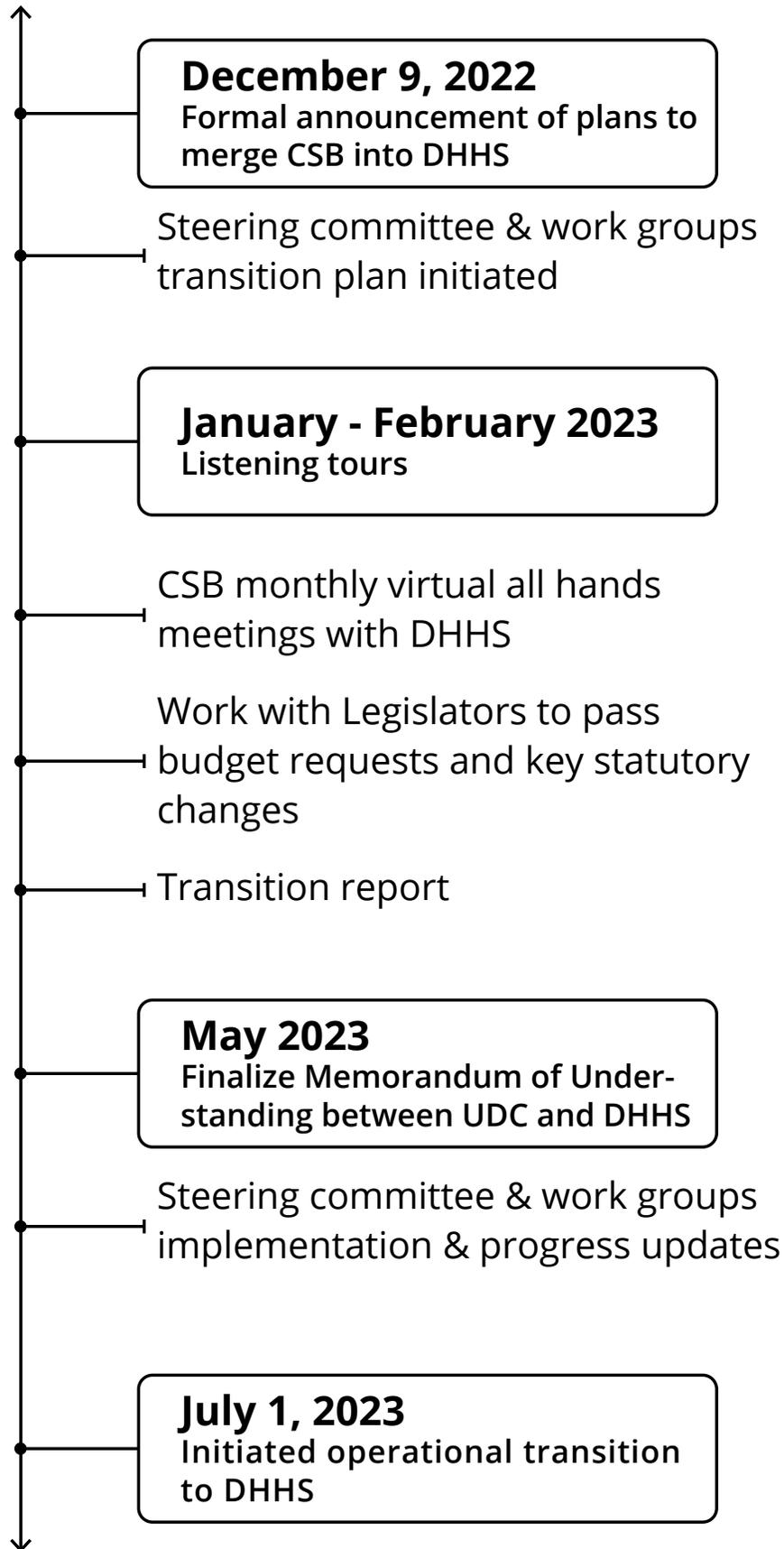
Deliver whole person, data driven care, which will improve health and safety outcomes while individuals are incarcerated, and as they transition to their communities.

The steering committee then formulated specific working groups:

67 staff assigned to 6 work groups



Timeline



Transition work groups

Operations: The purpose of this work group is to identify the day-to-day operational items that will be shifted to DHHS or coordinated between the parties to ensure the ongoing work is not interrupted.

- Identified the applicable staff to be transferred
- Built a working budget
- Identified all IT systems that need to be transferred, or access maintained
- Identified fleet to be transferred
- Identified facilities impacted by the transfer and how access would be ensured
- Established protocols for training, access and investigations
- Opening recruitments for new positions funded by the Legislature
- Identifying and assigning CHS contracts from UDC to DHHS
- Transitioned staff and supporting resources to DHHS on July 1, 2023

Communications: The purpose of this work group is to ensure the agencies are coordinated in their messaging, and actively engaging all relevant stakeholders.

- Developed key messaging, vision and opportunity statement for this transition
- Began ongoing “all hands” meetings for impacted staff
- Developed one pagers for staff and stakeholders
- Developed legislative materials for the 2023 General Session
- Engaging in direct communication with internal (UDC staff, incarcerated individuals) and external stakeholders (families, sheriffs, advocacy organizations) to obtain

feedback on the challenges, concerns and opportunities within CHS

- Developed messaging for other UDC staff and incarcerated individuals relating to this transition
- Based on input from staff, renamed CSB, CHS

Legal: The purpose of this work group is to ensure a governing structure to guide the agencies in this collaborative effort.

- Conducted legal analysis of all impacted statutes
- Evaluated contracts and determined the process to transfer from UDC to DHHS
- Worked to establish processes for functions that impact both agencies (e.g., records retention, GRAMA and subpoenas)
- Developed the memorandum of understanding (MOU) that will be the governing document for the DHHS and UDC relationship following the transition

Electronic Medical Record (EMR): The purpose of this work group is to fully implement and operationalize the Fusion EMR.

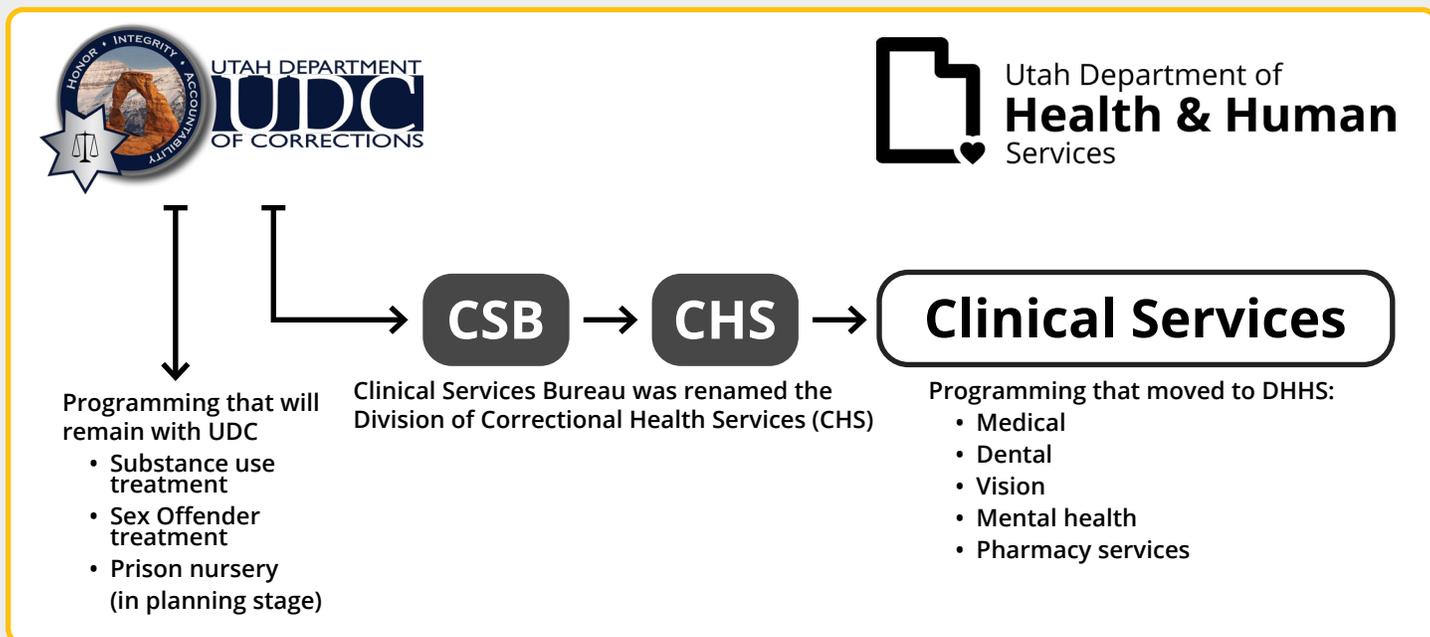
- Developed an issue log
- Developed an escalation and governance structure
- Created a workflow directory
- Identified critical workflows that must be developed
- Working to address critical issues and priorities in the EMR and medication administration
- Hired an additional business analyst and project manager to ensure the successful implementation and operation of Fusion

Legislative: The purpose of this work group is to coordinate needed legislative engagement during the 2023 General Session and Interim Sessions.

- Worked with Representative Cheryl Acton to address retirement benefits for staff impacted by the move (HB 377, 2023)
- Prepared a funding request to help CHS improve overall standard of care and presented it to the Executive Offices and Criminal Justice (EOCJ) Appropriations Subcommittee in January 2023
- Engaged with EOCJ chairs and committee members to prioritize funding request
- Worked with Executive Appropriations Committee to ensure funding requested in the Governor's budget was appropriated
- Working with UDC, and with other legislative stakeholders on bills that impacted both agencies, including SB 188 (Escamilla) and HB 429 (Pierucci)

Service Design and Delivery: The purpose of this work group is to gain an understanding of services provided by CHS and begin implementing audit and accreditation requirements.

- Made key decisions on critical positions that CHS needs to hire immediately
- Provided recommendation and analysis on a shift in dialysis practice at Utah State Correctional Facility (USCF)
- Hired a CHS Research Consultant who will support the CHS director and DHHS executive leadership with managing and implementing priority projects
- Created plan and deploying resources to support ongoing challenges with pill lines
- Began tracking and overseeing the implementation of audit responses and requirements for statutorily required NCCHC accreditation
- Conducting comprehensive "Clinical Service 101" learning sessions for DHHS leadership
- Developed request for proposal for vendors who will participate in operational analysis, process review, training development and other quality related measures



Key efforts

Budget and finance

The Legislature provided a significant investment of supplemental and ongoing funding to help increase the standard of care within CHS, and to improve the outcomes of those served:

Over \$5 Million
in one-time funding

Over \$13 million
in ongoing funding increase

To ensure the transition occurs seamlessly, the Legislature established the “Correctional Institution Clinical Services Transition Account” which includes the base budget for CHS, new supplemental funding and the new ongoing funding granted to CHS in the 2023 session.

Through this funding, CHS will achieve its vision and specifically address items identified in the audits:

- Leadership team redesigned to maximize clinical expertise
- New nursing services positions and pay increases to stabilize workforce and ensure appropriate oversight and use of emergency medical technicians
- Chronic disease care management
- Certified nursing assistants to aid personal care needs, especially of aging incarcerated population
- Security and healthcare liaisons
- Ongoing electronic health record implementation and improvements
- Enhanced operational and quality improvement support
- Offset existing deficit

Performance measurement

CHS will be a data-driven, outcome-focused, and accountable organization. As part of the transition of CHS to DHHS, creating a culture that reflects outcomes and emphasizes employee accountability is a key measure of success for the transition. This effort is well underway through the CHS Transition Steering Committee and its working groups.

There will be two primary focuses for CHS in the coming year. First will be implementation of the audit recommendations outlined in the joint response to [“An In-Depth Follow-Up of Healthcare in State Prisons.”](#) The second focus will be accreditation by the National Commission on Correctional Health Care (NCCHC) as required by state statute.

DHHS is well-positioned to ensure the culture within CHS is aligned with their results-based accountability strategy and process. Creation of a results-based accountability strategic plan for CHS is underway and will anchor to new FY24 performance measures established during the 2023 General Session of the Utah Legislature: 1) Percentage of dental exams performed within 7 days of admission (or evidence of refusal); 2) Percentage of mental health screenings completed within 14 days of admission; 3) Percentage of inmates failing to keep appointments; and 4) Percentage of initial health assessments completed within 7 days of admission (or evidence of refusal).

Stakeholder engagement

In any major transition, it is important to engage in regular and transparent communications from external and internal stakeholders. This engagement includes information sharing, input and feedback from stakeholders. Throughout the transition, there has been active engagement with stakeholders, including staff, partner agencies, advocates, incarcerated individuals, formerly incarcerated individuals, families of those incarcerated, and community-based organizations.

Stakeholder engagement is integrated in the transition and is vital to its success. The steering committee has employed a robust process, including staff, stakeholder, partner, and public input, to inform our work as we transition CHS. The steering committee, work groups, and sub-work groups meet on a frequent basis, and engage with stakeholders in the following ways:

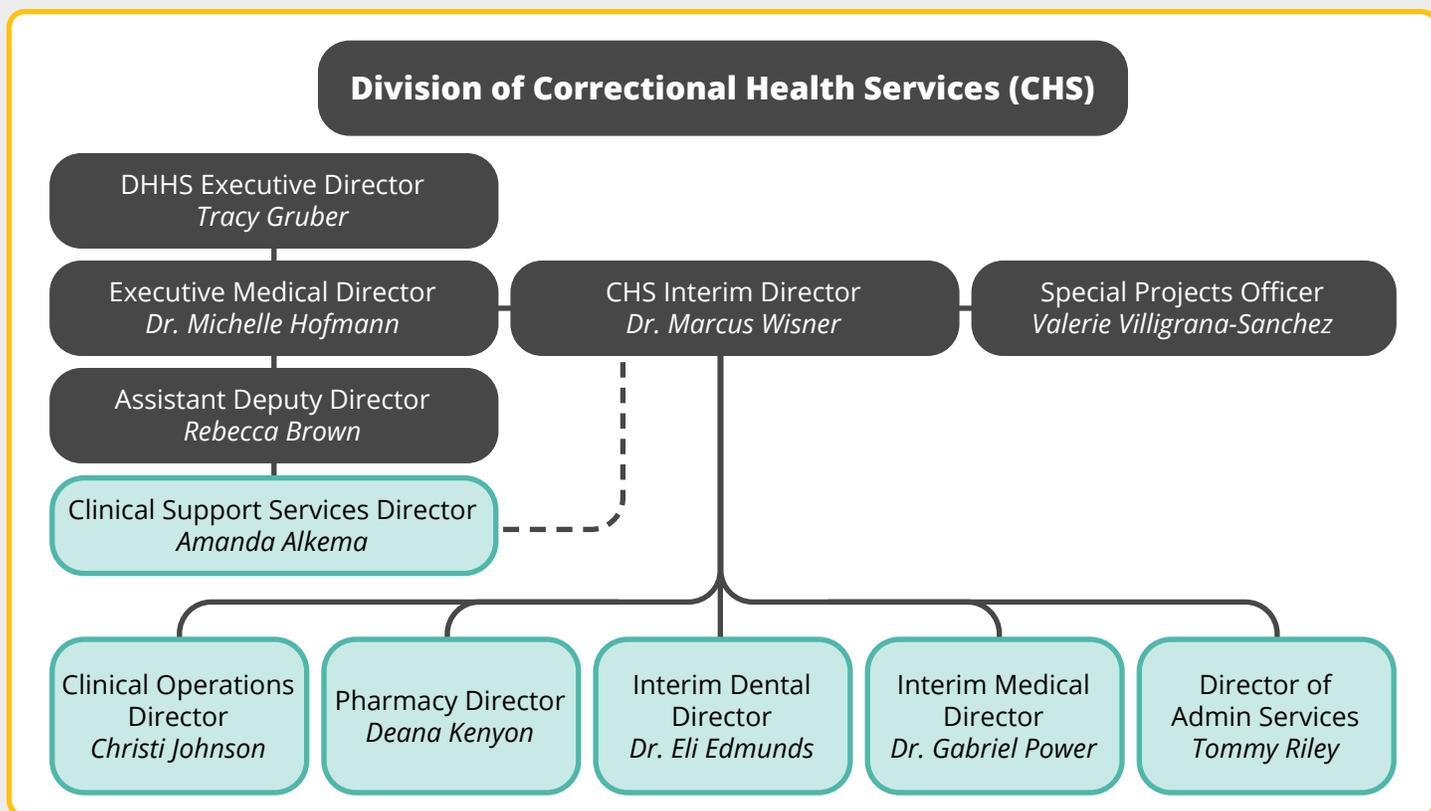
- Individual meetings with legislators, key advocacy groups, and subject matter experts in the field of correctional healthcare.
- Listening sessions with advocacy groups, community organizations and individuals currently incarcerated. These engagements will continue over the coming year.
- In the coming months, we will hold a roundtable with formerly incarcerated individuals.
- Monthly “All Hands” Q&A sessions for CHS staff with leaders from both departments. These meetings provide an opportunity for staff to ask any questions or elevate any concerns they may have in regards to the transition.
- Regular onsite visits by executive leadership to both prison locations.

- A comprehensive Q&A document based on feedback and questions from external stakeholders.
- A welcome page for CHS staff, including key resources and a form to submit questions..
- CHS staff participated in a contest to develop its future name.
- Executive leadership has met with critical partners such as the Board of Pardons and Parole and the Sheriff's Association.

Organizational structure and personnel

At the heart of the transition is establishing an effective and efficient leadership structure within CHS. During the 2023 General Session, the Legislature provided funding to ensure administrative staff have clinical experience and will be supported by leadership at DHHS that also have clinical backgrounds. These are highly specialized fields, and having individuals with both clinical and administrative expertise is key to the success of this transition.

DHHS named an interim director for CHS, who has been integrated into the steering committee, and is searching for a permanent director. CHS staff shifted to DHHS on July 1, 2023. A new organizational structure has been established with an interdisciplinary leadership team to support the director and specialized roles to help address operational deficiencies.



Office space and infrastructure

The impact on facilities and infrastructure is minimal. All space currently dedicated to CHS will continue to be dedicated to CHS, and UDC will maintain responsibility for facility maintenance and upkeep.

A small number of vehicles dedicated to CHS and will transfer to DHHS on July 1, 2023. An urgent need for sinks in the trauma bays, overlooked in the original building design, is being addressed.

Contracts, grants, MOUs

The Operations working group identified all contracts specifically in place for CHS and has begun submitting amendments to transfer these contracts from UDC to DHHS. This process is nearing completion. There are 28 contracts specific to CHS being transferred to DHHS.

For the overarching governance of this transition, DHHS and UDC developed an MOU that outlines the obligations, responsibilities, and commitments of both parties. Most importantly, it establishes a structure to ensure ongoing collaboration to ensure the success of this effort.

Statute and rules

The obligation to provide healthcare for incarcerated individuals is minimally referenced in the Utah Code and any specific changes required for this transition will be formalized in the 2024 General Session.¹

During the 2023 General Session legislation was passed to address the coordination and shared responsibilities of DHHS and UDC, including impacts on staff retirement benefits. These include the following:

- HB 377 (Acton), ensures those who have public safety retirement protections in CHS transferring to DHHS will retain those protections.
- SB 188 (Escamilla), requires a variety of medical notifications be provided to designated individuals following a serious injury, illness, incapacitation, or death.

Technology services

There are significant IT resources impacted by this transition. There are nine IT systems that will transfer to DHHS. These systems include those that are needed to deliver, track, and provide healthcare, including the electronic health record (EHR) system. In addition, there are nine systems that will remain at UDC that CHS staff will need ongoing access to, including the UDC O-Track system, which is the primary database for incarcerated individuals. All of these systems have been identified and the MOU between DHHS and UDC establishes the parameters for the use of these systems. Additionally, DTS completed the transfer of the nine IT systems identified to move to DHHS on July 1, 2023.

¹ The Eighth Amendment of the U.S. Constitution establishes a basic right to healthcare for incarcerated individuals.

Looking ahead

While the transition of CHS to DHHS is proceeding smoothly, a deep dive into operations over the last seven months has revealed serious deficiencies impacting the quality and safety of patient care. These deficiencies have informed key executive priorities, including:

- Development of an adverse medical event reporting system—a system that was lost in the transition to the new Fusion electronic health record
- Optimization of the “pill line” (mechanism for dispensing medications to incarcerated individuals) to ensure timely and safe medication delivery—supported by the Governor’s Office of Planning and Budget’s Efficiency and Process Improvement Committee (EPIC)
- Implementation of a “no wrong door” communications strategy to improve internal and external stakeholder engagement and trust

Critical to delivering on these priorities, successfully responding to deficiencies identified in OLAG audits, and remaining NCCHC accredited as required in statute will be stabilizing a workforce that suffers from significant turnover and critical staffing shortages for both medical and behavioral healthcare. An incident command structure within DHHS focused on CHS workforce stabilization has been established with the following priority objectives:

- Develop short, intermediate, and long term staffing solutions
- Develop and refine Standard Operating Procedures and appropriate training to support staff and meet accreditation requirements
- Implement workplace well-being initiatives
- Identify, develop, or correct systems solutions to better support operational processes

Key successes outlined in this transition report will bolster these efforts, including an organizational structure that maximizes clinical expertise and provides robust engagement between security and healthcare operations, ongoing EMR improvements, new positions and pay increases to stabilize workforce and enhance operational and quality improvement support, extensive internal and external stakeholder engagement, and a comprehensive MOU between UDC and DHHS that establishes accountabilities of both agencies moving forward. As UDC and DHHS leaders continue to work together to realize the opportunity to increase levels of care, strengthen processes, and develop a more seamless system of services for individuals who are incarcerated, the CSB transition steering committee will continue to meet at least quarterly for the first two years of the transition and is available to report on progress in the future as requested.

